

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032424

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8073

STATE FILE NUMBER

FILED AUG 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in lb 2. Yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ONEITA Middle Last ELLIS		4. DATE OF DEATH Month 8 / Day 15 / Year 1962	
5. SEX FEMALE	6. COLOR OR RACE COL.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5 -2-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Generator Asembler		10b. KIND OF BUSINESS OR INDUSTRY General MOTOR Corp.	
11. BIRTHPLACE (City and state or country) HICKMAN KENTUCKY		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME BLANTON TALLEY		13b. MOTHER'S MAIDEN NAME MATTIE WILKINS	
14. NAME OF HUSBAND OR WIFE ROBERT ELLIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO.		17. INFORMANT Elmer Woodard 5277, PAGE. BLVD.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonic heart Disease with Pericarditis secondary to cardiac insufficiency resulting in Pulmonary Oedema. DUE TO (b) 416X PART II. OTHER SIGNIFICANT CONDITIONS/CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Simon (Degree or title) Coroner		22b. ADDRESS 300 Clark	
22c. DATE 8 - 19 - 62		22d. DATE SIGNED 8/17/62	
23a. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY		23b. LOCATION (City, town, or county) ST. LOUIS, MISSOURI	
24. FUNERAL DIRECTOR J. H. Houston		25. DATE RECD. BY LOCAL REG. AUG 20 1962	
26. REGISTAR'S SIGNATURE Paul Smith, M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Arthur L. Herliand*

Licensed Embalmer No.

*4221*

P. O. Address

*3100 Estey Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.